

(Please use ink or typewriter and PRESS HARD WHEN WRITING)

<b>WORK REQUEST AND COST ESTIMATION FORM FOR NON-ROUTINE MAINTENANCE, KEY REQUEST, TENANT REMODEL OR CONSTRUCTION WORK</b>										Date Of Request:	
Requesting Agency:					Agency To Be Billed:						
Address:					Address:						
Contact Person:					Accounting Contact:						
Phone:		Fax:			Phone:		Fax:				
Requesting Agency Approval For Work Request Estimate:											
By:					Title:						
Agency Billing Codes:											
FUND	AGCY	ORG	APPR	PGM	FUNC	OBJ	SOBJ	BS ACCT	GBL	RPT	
DESCRIPTION OF WORK DESIRED (Please use second request form if more space is needed):											
DATE WORK NEEDED (Please allow reasonable time for cost estimation and work):											
<b>FOR REAL ESTATE SERVICES (RES) USE ONLY</b>											
Date received: _____ W/O Number (assigned by RES Accounting): _____											
Work to be performed by: _____ RES staff _____ Outside (private) Contractor											
Name of RES team or Contractor responsible for work: _____											
Work cost estimated by: _____						Date of estimate: _____					
<b>ESTIMATED COST OF WORK (TO BE COMPLETED BY REAL ESTATE SERVICES):</b>											
PARTS: \$ _____ LABOR: \$ _____ TOTAL COST: \$ _____											
Cost to be paid by: _____ Tenant (listed above) _____ RES _____ Other: _____											
<b>REQUESTOR/TENANT APPROVAL OF ESTIMATE AND PROJECT:</b> (PLEASE NOTE: PERSON SIGNING MUST HAVE AUTHORITY TO OBLIGATE DEPARTMENT/AGENCY)											
_____ <b>ACCEPTED / _____ REJECTED BY:</b> (SIGNATURE) _____											
TITLE: _____						DATE: _____					

Submit Request Form(s):

Capitol Complex  
225 E. 16th Ave., Suite 800  
Denver, CO 80203  
303-866-4357